## Town of Cobleskill

Office of Code Enforcement PO Box 327 Cobleskill, NY 12043 518 234-4661 Fax: 234-2487

e-mail codes12043@nycap.rr.com

## Checklist

for

	SBL #Zoning District:
Name:	Date:
Address:	
Phone:	e-mail:
Owner's na	me if different than applicant's:
Address: _	e-mail:enail:
What do ye	ou want to do? :
When?:	
Contractor:	
Designer:	
(	) Emergency 911#: Call Mark Wood- 295-6229
	) Perk Test-Schoharie County Health Department 295-8382 or
(	) Hire your own Engineer and have them contact SCHD.
(	) Portable Sanitation Facility on site OR make other arrangement ( )
(	) Well Log from a certified NY State Well Driller( DEC Sticker on rig).
(	) Road Cut: ( ) Town of Cobleskill: Mike Persons: 234-2990
	( ) Schoharie County DPW: 295-2330
	( ) NY State DOT- Mr. Richter 234-3411
	) Deed: See if there any deed restrictions. Call Real Property @ 295-8349
(	) Fees: App. Fee:Building Fee:Zoning FeeTotal \$
(	) Value of Construction: \$ Please make check to: Town of Cobleskill
(	) Site Plan: Show structures in relation to the road and property lines.
	Show Septic, well, accessory structures and other items
	that may impact functioning of the site.
(	) 2 sets of stamped plans. ( )Energy worksheet ( )
	) 2 sets non-stamped plans
(	) Workers Compensation Forms ( ) Homeowner ( ) Contractor
	www.wcb.state.ny.us for homeowner exemption certificate.
(	) Site Plan Review Required
(	) ZBA Review Required
(	) ZBA Review Required( ) DEC Wetland( ) DEC NOI
(	) Ag District
(	) Other: Asbestos Abatement ( )

If this office can be of any further assistance, please call, visit or e-mail. *Thank You Peter R. Irwin*, CEO, ZO, FPM, NY State Reg.# 0196-7032B